

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/1/99
O.I.P.E. CLASSIFIER		05918	9/12/99
FORMALITY REVIEW			9-10-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	9/1/99
2	✓	✓	9/1/99
3	✓	✓	9/1/99
4	✓	✓	9/1/99
5	✓	✓	9/1/99
6	✓	✓	9/1/99
7	✓	✓	9/1/99
8	✓	✓	9/1/99
9	✓	✓	9/1/99
10	✓	✓	9/1/99
11	✓	✓	9/1/99
12	✓	✓	9/1/99
13	✓	✓	9/1/99
14	✓	✓	9/1/99
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25	✓	✓	9/1/99
26	✓	✓	9/1/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here